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Name of Patient: _____ Date of birth:_____

HIPAA Information and Consent

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was established to maintain the privacy of your Protected Health Information (PHI). Such information includes all records related to your health, as well as demographic information such as your name, birth date, and address. However, there are times when your PHI will be used without your explicit consent, which are outlined below. Additional information on the HIPAA law is available at the U.S. Department of Health and Human Services website: http://www.hhs.gov/ocr/privacy.

Please read this document in its entirety before signing.

*I **may** use your PHI without your explicit consent in any of the following situations*:

• For routine care and treatment.e.g. To communicate with your primary care provider (PCP) or with a laboratory from which I ordered tests for you to coordinate care.

• For payment/reimbursement.e.g. To send information such as your name, birth date, and psychiatric diagnosis to your insurance company to obtain reimbursement, coverage of services, or as requested in an audit by the insurance company.

• For quality improvement and collaboration. e.g. To meet with my collaborating psychiatrist/clinicians to review your treatment and to discuss ways to further improve your care.

• As required by law. e.g. If I suspect abuse or neglect of a child or elderly person, I am required by law to contact the appropriate officials to ensure the protection of that vulnerable individual.

• In case of emergencies. e.g. If you are in an acute psychiatric or medical emergency, I may need to call Emergency Medical Services on your behalf.

• For judicial proceedings. e.g. In the course of court proceedings requiring information about you or your treatment, a subpoena is sufficient for me to turn over the records in question.

• For workers' compensation. e.g. If you are filing for workers' compensation I will need to provide sufficient evidence of your disability and justification for such a claim.

• For activities related to death. e.g. I may need to disclose healthcare records to a coroner or medical examiner for purposes of completing a medical certificate or investigating a death.

You have the following rights in regards to your PHI:

• To request that I limit certain uses and disclosures of your PHI. You may request that I limit how I use or disclose your PHI under the terms outlined on the previous page. I will honor the request if reasonable and if it does not interfere with safe and effective treatment.

• To view and/or obtain a copy of your PHI. You have the right to access the “patient portal,” an online access to your medical records. If you do not have access to a computer, you may request a physical copy of your record. Photocopying charges may apply, depending on the size of your record. You will be informed of any fees prior to incurring the charges.

• To amend and change any information in your PHI. If you believe the PHI contained in your records is incorrect or incomplete, you may request that I amend or change it. If the request is reasonable, I will do so.

• To receive a list of the disclosures of your PHI. You have the right to know who has had access to your PHI. However, I am not required to include the following types of disclosures:

- Those made for ongoing treatment
- Those made for billing or collection of payment for your treatment
- Disclosures made directly to you, that you authorized, or those which were made to friends or family members directly involved in your care
- Those allowed by law when use or disclosure relates to certain government functions or in other law enforcement situations
- Those made in the process of routine practice operations

• To request that your PHI be communicated by alternative means and/or alternative locations. I will honor all requests to manage your PHI by whatever means are most comfortable to you, whether it be only in writing, only by phone contact, or only by email.

• In case of breach of information regarding your PHI, you will be notified of the event, what information was breached, and what you can do to protect yourself

• File a complaint. If you believe your rights have been violated you have the right to contact the Office of the Secretary of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201 or by calling 202-619-0257. You will not suffer penalty or retaliation from this office for filing a complaint.

I have read, fully understand, and agree to all of the conditions described in this document. I have had the opportunity to ask questions about the HIPAA law and have them sufficiently answered for me.

_____ Date:_____

Patient signature

_____

Parent/Guardian Signature if the patient is under the age of 18 years old.